

PRELIMINARY DRAFT FOR DISCUSSION PURPOSES
12/2/94

Report to the
Gore-Chernomyrdin Commission
Report of the Health Committee
December 16, 1994

Introduction:

The Health Committee of the Gore-Chernomyrdin Commission met in Moscow December 14, 1994. This meeting marked the beginning of a new phase of health cooperation between our governments.

Health cooperation between the United States and Russia was initiated over twenty-five years ago, when a bilateral agreement for cooperation in the field of health and medical sciences was signed in 1972. This was followed by the signing in 1973 of an agreement for cooperation on research related to the development of an artificial heart. Between 1972 and the early 1990s, there was substantial cooperation in scientific aspects of several mutually agreed areas, including cardiovascular disease, infectious diseases, arthritis, vision, cancer, among others. This cooperation brought substantial benefit to both countries.

In January 1994, in recognition of future potential benefits of bilateral cooperation, a new health agreement between the two governments was signed. In the Russian Federation, this agreement includes the Ministry of Health and Medical Industry, Russian Academy of Medical Sciences, and the State Committee for Sanitation and Epidemiological Surveillance. In recent months, cooperation in the field of radiation effects research has taken on increased momentum through the U.S.-Russia Radiation Effects Research Committee and an increase in basic biomedical research

is foreseen under the U.S. National Institutes of Health-Russian Academy of Medical Sciences Memorandum of Understanding, signed at June 1994 at the third Gore-Chernomyrdin Commission meeting.

Over the past three years, the U.S. Agency for International Development (USAID), in its cooperative efforts with Russia, has initiated a number of new and important efforts, including a major effort in the area of health policy reform and financing programs in environmental health and risk assessment. Other USAID-funded projects include hospital-to-hospital partnerships; support to increase capacity for disease surveillance and to manage health information; to enhance the supply as well as safety of vaccines, particularly for children; and efforts to strengthen the food and drug regulatory infrastructure of the country. A new effort in the area of women's reproductive health is just now getting underway. These projects will be complemented by additional cooperative projects, some of which relate to areas under the Gore-Chernomyrdin Health Committee.

Charge, Methods of Work and Secretariat(s):

In order to lay the foundation for future Committee action and deliberation, the Committee adopted a "Charge to the Committee" and "Methods of Work." These two documents, provided in Annexures A and B, respectively, set forth the objectives, scope and purview of the Committee as well as how it will carry out its work. The Committee recognized its unique leadership role in the promotion of cooperation, particularly through the promotion of communications, the removal of obstacles to cooperation and program implementation, and as a catalyst for creation of linkages when multi-disciplinary and multi-sectoral approaches can be brought to bear on a problem or issue, bringing about action where the totality of action is, indeed, greater than the sum of the individual parts.

The Committee recognized the need for Secretariat functions on each side. The decision of the Committee is reflected in the document "Role and Functions of Secretariat(s)" at Annexure C.

Announcement of New Initiatives:

The Committee recommends to the Commission the announcement of a women's reproductive health initiative. This new U.S.-Russia program of technical cooperation in the area of women's reproductive health will be administered through the U.S. Agency for International Development. It will address high levels of maternal mortality and morbidity caused by the frequent termination of unwanted pregnancies.

Russian and American communication experts will work closely together to develop a public information campaign emphasizing the health benefits of modern contraceptive methods. A parallel program will be developed with the Russian medical community to identify possible areas for further professional education and training. Model family planning centers will be established in approximately six oblasts. These centers and their training programs will be linked to existing public and private facilities and will serve as models for similar facilities in other regions.

The results of this initiative will be real and immediate. Women of Russia will be able to make informed reproductive health choices and more easily acquire the methods of contraception that works best for them. Their health and the health of their babies will improve as unwanted pregnancies and premature births decrease. Medical complications resulting from unwanted pregnancies will also decrease and allow existing health care resources to be directed towards other priorities. Women will be physically healthier and psychologically more secure in knowing that they can exercise control over their reproductive health.

Priorities for Cooperation:

The Committee decided upon the following initial areas for cooperation:

- Diabetes - This disease, which affects over 25 million people in our two countries, takes a vast human and economic toll. There are important opportunities for cooperation related to research, patient and physician education, and in the commercial sector. It was agreed that a small ad hoc steering group will define the dimensions of these possibilities to help guide future action. The U.S. will receive a visit by a Russian delegation in 1995.
- Health Education and Promotion - Both countries face the challenge of promoting better health of our peoples. Too many suffer from preventable cardiovascular disease, cancer, accidents and other preventable diseases and problems. Effective action is linked to good epidemiological data to illuminate problems, set appropriate goals and to help measure progress. Education of health professionals and of the people to bring about changes in lifestyles and to find ways to reduce risk of accidents and exposures to hazards will be pursued. A steering group will meet in 1995 to develop a plan of action, using multiple approaches, and drawing upon resources and capabilities not only of our countries but also of appropriate international organizations.
- Prevention and Control of Infectious Diseases - Future efforts will build, inter alia, on work already

initiated to increase epidemiological capability through cooperation with the U.S. Centers for Disease Control and Prevention; and to enhance national regulatory capacity through cooperation with the U.S. Food and Drug Administration. Cooperation will be undertaken to promote improved immunization practice, to strengthen the clinical practice of pediatricians and to increase the public's knowledge of and confidence in immunization as a cost-effective means of preventing disease, particularly in children.

- o Strengthening Primary Care Practice - The advent of high technology medicine has diminished the attractiveness of primary care practice in both countries. Yet, the need to assure availability of quality primary care has never been greater. Opportunities to improve practice management, continuing clinical education for doctors and other health professionals, and continued focus on the specialty of family medicine will be addressed.
- o Tuberculosis Treatment and Control - Both countries are facing a resurgence in the incidence of tuberculosis. Effective national programs of prevention and control depend on good epidemiological surveillance, the availability of good diagnostic products and effective drugs. A steering group will meet in early 1995 to delineate those opportunities that could be undertaken in this collaboration.

- o Maternal and Child Health - Both countries, as signatories of the World Summit on Children Declaration, have pledged their intent to improve the health and well-being of mothers and children. This common bond also provides common cause to address a broad range of issues. USAID's new initiative in women's reproductive health will make an important contribution in this area. Elimination or substantial reduction of vaccine-preventable diseases in children provides a rich opportunity. Diagnosis of genetically-linked disorders in children could be explored as well.
- o Health Reform Policy Dialogue - Russia and the United States have a deeply shared concern for assuring equitable access of their people to and the availability of high quality health services, including the benefits of public health measures, at affordable cost. While each country has started from a different systemic base, both are struggling with similar health policy issues. There are a number of important themes that emerge, including, inter alia, the role of national ministries of health in an era of rapid change, quality assurance, and other issues of common concern. USAID's technical support in the area of health care financing and service delivery reform was recognized by the Committee as an important contribution to bilateral cooperation in this important area.
- o Environmental Health - Both countries share the problem of population exposure to environmental health hazards, including chemicals, other pollutants and radiation. The Committee noted that the latter is being addressed by the recently established Radiation Effects Research

Committee. It is recognized that there is a major opportunity to develop and introduce an integrated health-based risk assessment methodology which could be used not only to prioritize environmental remediation needs but also to take steps to protect those who are at great risk. The Committee recommends joint action with the Commission's Environment Committee.

The Committee recognized that the priority areas identified bear a number of themes, notably the promotion of better health through application of safe and effective technologies (e.g. vaccines) and through education of health providers and the people.

Next Health Committee Meeting:

It was agreed that the next Gore-Chernomyrdin Health Committee meeting will be held in the United States prior to the next Commission meeting.

Annexures

Charge to the Committee	- Annexure A
Methods of Work	- Annexure B
Role and Functions of Secretariat(s)	- Annexure C
Committee Membership and Meeting	
Participant Lists	- Annexure D
Agenda	- Annexure E

